

Worker's Compensation Advisory Council
2013-2014

Management Proposals
(3/12/13)

1. Where an employer has a written substance abuse testing policy that is reasonable, uniformly enforced, and in place at the time of an accident, an employee who is injured and who fails a post-accident drug/alcohol test will be denied indemnity benefits.
2. Establish a medical fee schedule that uses Medicare rates as the basis for the schedule. Providers to be paid at 175 percent of the then-current Medicare rate.
3. Allow for Employer-directed care for the first ninety (90) days. Where there is a union agreement covering the workplace, allow Labor and Management to negotiate regarding this provision, to agree upon a panel of providers, and to create incentives for the use of the agreed-upon panel of providers.
4. Reduce the statute of limitations from twelve (12) years to three (3) years.
5. Following a review of the treatment guidelines, implement the guidelines as treatment parameters. For treatment outside the scope of the parameters or alternate treatments, require that the treating physician contact the carrier/self-insured to discuss the treatment plan with a medical professional before such care is provided. If the carrier/self-insured denies further care, it shall state the reasons why in writing. The treating physician can appeal the decision of the carrier/self-insured to the Department.
6. For injured workers receiving indemnity benefits, there shall be a Social Security offset applicable at age sixty-seven (67), the time at which the injured worker begins to receive Social Security retirement benefits, or five (5) years from the date of injury, whichever is later.
7. As a condition of receiving benefits, all initial reports of injuries must be made by employees within one (1) year of the date of a traumatic injury.
8. Where an injury results in PPD and medical evidence shows that there was a pre-existing condition or disability already present in the claimed body part, apportionment shall be made. The employer/carrier will be responsible only for the amount of permanent disability resulting directly from the work-related injury.
9. The status of all PTD recipients shall be reviewed every three (3) years by the Department and the Department shall report to all carriers/self-insureds the name and address of any employers who have reported wage income for an individual receiving PTD benefits. Where there is W-2 wage income or where the injured worker is receiving Social Security (disability or retirement) benefits, the Department shall, at the request of the carrier/self-insured, reconsider eligibility for benefits and calculate an offset to modify benefits accordingly.

10. If the prescription drug dispensed outside of a retail, mail order, or institutional pharmacy is for a repackaged drug, the maximum reimbursement amount shall be calculated utilizing the average wholesale price set by the original manufacturer of the underlying drug, which may not be the manufacturer of the repackaged or relabeled drug.

If the National Drug Code (NDC) of the underlying drug cannot be determined from the billing, the maximum reimbursement amount shall be calculated utilizing the lowest cost, therapeutically equivalent drug.

Medications dispensed outside of a licensed pharmacy to a workers' compensation claimant may be reimbursed for a period no greater than 15 days from the date of injury. Refills of medications dispensed within 15 days from the date of injury will not be reimbursed.

11. The hearing test most proximate to the date of employee removal from a "noisy work area" as defined by OSHA standards, whether before or after such date and whether the employee is removed by reassignment, quit, termination, or retirement, shall be used to establish any loss of hearing claim.
12. 102.59, related to second injuries and the second injury fund, shall be repealed.
13. Management reserves the right to add/modify proposals.